

Best Available Copy

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|----------|
| FEE DETERMINATION | | 71530 | 10/21 |
| O.I.P.E. CLASSIFIER | | 48 | 10/25/99 |
| FORMALITY REVIEW | CM | 71632 | 11-1-99 |

INDEX OF CLAIMS

✓ Rejected
= Allowed
- (Through numeral) Canceled
+ Restricted
N Non-elected
I Interference
A Appeal
O Objected

| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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